

**MULTIPLE IDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09 744625 FILING DATE _____
APPLICANT _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		2		2		2	53						
4		0		0		0	54						
5		0		0		0	55						
6		0		0		1	56						
7		0		0		1	57						
8		0		0		2	58						
9		0		0		1	59						
10		0		0		1	60						
11		0		0		0	61						
12		0		0		0	62						
13		0		0		0	63						
14		0		0		0	64						
15		0		0		0	65						
16		0		0		0	66						
17		0		0		0	67						
18		0		0		0	68						
19		0		0		1	69						
20		0		0		1	70						
21		0		0		1	71						
22		0		0		1	72						
23		0		0		1	73						
24		0		0		0	74						
25		0		0		0	75						
26		0		0		1	76						
27		0		0		0	77						
28		0		0		0	78						
29		0		0		0	79						
30		0		0		0	80						
31		0		0		0	81						
32		0		0		0	82						
33		0		0		0	83						
34		0		0		0	84						
35		0		0		0	85						
36		0		0		0	86						
37		0		0		0	87						
38		0		0		0	88						
39		0		0		0	89						
40		0		0		0	90						
41		0		0		0	91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY